careful study of the brains from two cases of general paralysis and one case of tabo-paralyse (tabes with general paralysis). Sections through the entire brain were stained by the Weigert-Wolters method. The degeneration was very intense in those areas corresponding to Flechsig's association centers—*i.e.*, the frontal, parietal, post-central, insular, the second and third temporal gyri and the gyrus fornicatus. He concludes that his findings support Flechsig's theories, and that the cortical degeneration of paresis is not an irregular, diffuse process, but a regular, localized, elective or selective affection of the cortex. D. J. McCarthy (Philadelphia).

MISCELLANY.

Diagnosis of Tuberculous Meningitis. R. Breuer (Wiener klin. Rund., October 9, 1901).

The author briefly reviews the methods. A result after injecting the aspirited fluid into guinea-pigs takes too long to be of value. It has been pointed out that cerebrospinal fluid forms an excellent culture medium for the tubercle bacillus, but to set the fluid aside in the incubator and await a multiplication of the germs would also demand patience. The agglutination test is of no value and the finding of a preponderance of mononuclear leucocytes is not always conclusive for tuberculosis. A direct examination of the stained sediment of the fluid is generally negative, but when done properly has proved positive in the seventeen cases examined by the author. The fluid must be collected in test-tubes each containing 4-5 c.c. and these set aside, care being taken not to shake them. After 3-6 hours a very fine coagulum, containing the cellular elements with the bacteria, forms, while the fluid itself will be absolutey clear. An examination of the coagulum will almost always be crowned with success. In a second article in the same number, J. Nonath discusses the sero-diagnosis of tuberculous meningitis. Five to fifteen drops of a specially-prepared, homogenous culture were mixed with one drop of cerebrospinal fluid. The results were noted after 8-24 hours. Of four cases in adults there was a negative reaction in one, a partial one with a dilution 1 to 5 twice, and a complete one with a dilution 1 to 5 once. In two cases in children the reaction turned out negative. The clinical value of the method thus is slight. Jelliffe.

Diffuse Disease of the Brain and Cord, Similar to Multiple Sclerosis, with an Especial Etiology. R. v. Jaksch (Wien. klin. Rundschau, No. 41, p. 729, 1901).

In a study by Lotsch, made upon the cases of multiple sclerosis in the service of von Jaksch, the etiological factors of most significance were found to be previous infectious diseases and trauma. The author of this article adds three more cases which are especially notable as all of them showed the same progress, and appeared at the same time, and had the same etiological factors. Although these three cases are to be classed as multiple sclerosis, yet they differ from the typical ones in individual symptoms Nystagmus and intention tremor were either not present at all or were found only temporarily. Likewise pupillary changes, which are seldom found absent in the course of a typical multiple sclerosis, were not present at all. In cases I and II an inability to walk backwards was one of the most striking symptoms, and in the latter case the Romberg symptom was present for a short time. The etiology of all three cases is of speccial interest. The patients worked in the same factory and were employed in performing the same kind of work. They were engaged in this work for a period of six, nine and eighteen months, respectively. It consisted in drying regenerated hyperoxide of magnesium mud. The process is as follows: the mud through pressure is freed from calcium chloride, washed with water, and dried in the form of bricks, which hold 60 per cent. water, 2 per cent. calcium chloride, and rectified superoxide of magnesium. These are then placed upon large plates which are heated to 100°. During this process, the workers have to endure great variations of temperature, and it is to this, more than to the presence of the magnesium in the atmosphere, that the author attributes the causation of the disease. In other words, cold is a traumatic factor in the etiology of these cases.

SCHWAB.

MULTIPLE HEMORRHAGES IN GENERAL PARESIS. Frey (Allgemeine Zeitschrift für Psychiatrie, 1901, lviii, 4, S. 632).

The author gives the clinical history, and the autopsy revelations, in the case of a male paretic of forty-two years, who died after a seizure, under symptoms of exhaustion, having passed blood in his urine and stools, and having vomited it. There were hemorrhages in the skin, the mucous and serous membranes, the kidneys, the heart muscle and the brain substance. He declares himself an adherent of the opinion that multiple hemorrhages in general paresis, are probably due to trophic changes in the vessel walls, resulting from the disease of the brain cortex. ALLEN.

ZUR KLINIK DER ANGIOSCLEROTISCHEN PAROXYSMATEN MYASTHENIE ("Claudication intermittente," Charcot's) UND DER SOG. SPONTANEN GANGRÄN (Angiosclerotic Paroxysmal Myasthenia and So-called Spontaneous Gangrene). H. Higier (Deutsche Zeitschrift für Nervenheilkunde, vol. xix, 5 and 6, s. 438).

After a critical review of the subject based upon the literature and what he has himself observed in twenty-three cases of which he has notes, the author feels justified in drawing the following conclusions:

(1) The most suitable name for the disease is "Angiosclerotic paroxysmal Myasthenia."

(2) The disease in general, uncommon, is relatively frequent in Russia, Poland and the Lithuanian Povinces.

(3) The great majority of those affected are Hebrews.

(4) In females the disease is eruptional.

(5) It affects individuals of young or middle age, from the twentieth to the fiftieth year.

(6) Neuropathic disposition and congenital weakness of the peripheral circulatory apparatus seems to play the chief rôle in its production.

(7) Overuse of the legs, wetting, thermal influences, alcoholism and nicotinism hasten the outbreak of the disease, syphilis and gout play no, and diabetes only a very limited part in its etiology.

(8) The peculiar angiosclerosis localizes itself most commonly in the legs and not infrequently symmetrically.

(9) The chief symptom, pain, presents itself in three forms: (a) pain on walking, along with paroxysmal myasthenia or intermittent limping; (b) permanent pain appearing during rest as painful paresthesia, characteristic of the advanced stage of the disease and exceptionally dominating the picture for years in the absence of myasthenia; (c) pain accompanying gangrene.

(10) In the cases of diffuse angiosclerosis of the upper and lower extremities, a characteristic symptom-complex on the part of the general condition, and of the psychical sphere, occasionally follows